

CHILD'S NAME:  	CASE NUMBER:  
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**HEALTH AND EDUCATION QUESTIONNAIRE**  
Juvenile Dependency

**TO THE PARENT OR GUARDIAN OF THE CHILD:** The law requires that the social worker learn your child's medical, dental, mental health, and educational background. Please answer as many questions as you can so the necessary help may be provided to you and your child.

1. Your name:
  - a. Address:
  - b. Relationship to child:
2. What is the child's date of birth?
3. Where was the child born?
  - a. City, state, and country:
  - b. Hospital:
  - c. Child's birth weight:
4. Does the child have any medical problems? ☐ Yes ☐ No (If yes, please describe):
  - a. ☐ Allergies:
  - b. ☐ Injuries:
  - c. ☐ Diseases:
  - d. ☐ Disabilities:
  - e. ☐ Other:
5. Is the child taking any prescribed medicines? ☐ Yes ☐ No (If yes, please list them and indicate what they are treating):
6. What doctor or clinic or hospital has the child's medical and mental health records, if any? (List names and addresses of all who have seen the child, and the date of the last visit):
  - a.
  - b.
  - c.
7. When was the child last seen by a dentist? Date: \_\_\_\_\_ (Name and address of dentist):  
☐ Check here if child has not been seen by a dentist.
8. Does the child wear glasses? ☐ Yes ☐ No
9. Has the child been attending ☐ day care? ☐ school?
  - a. What grade is he or she in?
  - b. Does he or she have any learning disabilities? ☐ Yes ☐ No (If yes, please describe):
  - c. Does he or she have any special needs? ☐ Yes ☐ No (If yes, please describe):
  - d. What is his or her primary language?
  - e. (List names and addresses of schools and dates last attended):

Date:

Social Worker: